We have reviewed MHCC's request for comments on the posted petition from the University of Maryland Medical System asking for a policy change in the state health plan chapter for psychiatric services.

First, MedStar believes the psychiatric services chapter of the SHP needs a significant and immediate overhaul. The requested change is but one of many changes that should be considered in that process.

Second, the nature of such a policy change may have unintended implications in other services regulated by the MHCC. The rationale behind making such a policy change, if approved, should be carefully documented with this in mind.

Finally, it is unclear how carving out a specific exception is a better policy than the established procedures. In the absence of current need projections, an investigation of data and environmental factors could support the assumption that more adolescent beds are needed in the jurisdiction. If more adolescent psych capacity is needed, an application could be processed guickly and efficiently.

Patricia Cameron Senior Policy Analyst MedStar Health

JHH and Suburban do not wish to comment. We think this makes sense.

Anne Langley, JD, MPH Senior Director, Health Planning and Community Engagement Office of Health Care Transformation and Strategic Planning Johns Hopkins Health System

I have reviewed the language with our leadership and we are not comfortable with this request as it is articulated. There are several related issues in our mind about whether these are beds on existing licenses, about geographic distribution, about impact on general hospital psychiatric units who see patients down to age 14 or 16, and about the way in which aggregated psychiatric beds from merged asset health systems might be redeployed. In summary, we think this request requires further exploration and discussion and are not in support of it as presented.

Bonnie Katz Vice President, Business Development Sheppard Pratt Health System

I have concerns over the issue of not requiring CON's for pediatric units if an adolescent unit already is in operation. I feel that this would open up larger systems to just convert the beds and this would harm smaller and independent organizations. Sheppard Pratt would stand to lose business and they are a primary referral site for us. I think the regulation should stand the way it is currently written.

Dean Teague, FACHE President & CEO CalvertHealth